Case 17-80870 Doc 1 Filed 04/12/17 Entered 04/12/17 17:22:45 Desc Main Document Page 1 of 63

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS - WESTERN DIVISION		
Case number (if known)	Chapter you are filing under:	
	■ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	Cari First name L Middle name Johnson Last name and Suffix (Sr., Jr., II, III)	First name Middle name Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years Include your married or maiden names.	FKA Cari L Morgan	
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-7818	

Case 17-80870 Doc 1 Filed 04/12/17 Entered 04/12/17 17:22:45 Desc Main Document Page 2 of 63 Case number (if known)

Debtor 1 Cari L Johnson

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
1.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.			
	Include trade names and doing business as names	Business name(s)	Business name(s)			
		EINs	EINs			
5.	Where you live	1001 5th Ave	If Debtor 2 lives at a different address:			
		Sterling, IL 61081 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
		Whiteside				
		County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6.	Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)			

Case 17-80870 Doc 1 Filed 04/12/17 Entered 04/12/17 17:22:45

Document Page 3 of 63 Desc Main

Case number (if known) Debtor 1 Cari L Johnson

Par	Tell the Court About	Your Ba	ankruptcy Ca	se			
7.	The chapter of the Bankruptcy Code you are				of each, see Notice Required by fpage 1 and check the appropria	11 U.S.C. § 342(b) for Individuals Filing for Bankrup te box.	tcy
	choosing to file under	Chapter 7					
		☐ Ch	apter 11				
		☐ Ch	apter 12				
		☐ Ch	apter 13				
8.	How you will pay the fee		about how yo	u may pay. Typ attorney is subr	pically, if you are paying the fee y	ck with the clerk's office in your local court for more dourself, you may pay with cash, cashier's check, or nualf, your attorney may pay with a credit card or check	noney
I need to pay the fee in installments. If you choose this option, sign The Filing Fee in Installments (Official Form 103A).						on, sign and attach the Application for Individuals to	Pay
						n only if you are filing for Chapter 7. By law, a judge	
						our income is less than 150% of the official poverty linn installments). If you choose this option, you must fi	
			the Application	on to Have the C	Chapter 7 Filing Fee Waived (Offi	cial Form 103B) and file it with your petition.	
9.	Have you filed for bankruptcy within the	■ No.	•				
	last 8 years?	☐ Yes	S.				
			District		When	Case number	
			District		When	Case number	
			District		When	Case number	
10.	Are any bankruptcy	■ No					
	cases pending or being filed by a spouse who is	☐ Yes					
	not filing this case with you, or by a business partner, or by an affiliate?	Li res	S.				
			Debtor			Relationship to you	
			District		When	Case number, if known	
			Debtor			Relationship to you	
			District		When	Case number, if known	
11.	Do you rent your residence?	■ No.	Go to I	ne 12.			
	residence:	☐ Yes	s. Has yo	ur landlord obta	ained an eviction judgment again	st you and do you want to stay in your residence?	
				No. Go to line	12.		
				Yes. Fill out In		Judgment Against You (Form 101A) and file it with the	nis

Case 17-80870 Doc 1 Filed 04/12/17 Entered 04/12/17 17:22:45 Desc Main

		Document	Page 4 01 03
Debtor 1	Cari L Johnson		Case number (if known)

art	Report About Any Bu	sinesses `	You Own as a Sole Proprie	etor		
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to Part 4.			
		☐ Yes.	Name and location of bu	siness		
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if any	Name of business, if any		
	If you have more than one sole proprietorship, use a separate sheet and attach		Number, Street, City, Sta	tte & ZIP Code		
	it to this petition.		Check the appropriate be	ox to describe your business:		
			☐ Health Care Busing	ness (as defined in 11 U.S.C. § 101(27A))		
			☐ Single Asset Rea	I Estate (as defined in 11 U.S.C. § 101(51B))		
			☐ Stockbroker (as of the stockbroker)	defined in 11 U.S.C. § 101(53A))		
			☐ Commodity Brok	er (as defined in 11 U.S.C. § 101(6))		
			■ None of the above	e		
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business</i> debtor?	deadlines operation	s. If you indicate that you are	court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure		
	For a definition of small	■ No.	I am not filing under Cha	pter 11.		
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter Code.	11, but I am NOT a small business debtor according to the definition in the Bankruptcy		
		☐ Yes.	I am filing under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.		
art	4: Report if You Own or	Have Anv	Hazardous Property or Ar	ny Property That Needs Immediate Attention		
	<u> </u>	_	Tidadi dede i reporty er 7ti	y reporty man neede miniodiate / members		
14.	Do you own or have any property that poses or is alleged to pose a threat of imminent and	■ No. □ Yes.	What is the hazard?			
	identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?		If immediate attention is needed, why is it needed?			
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is the property?	Number, Street, City, State & Zip Code		

Debtor 1 Cari L Johnson

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 17-80870 Doc 1 Filed 04/12/17 Entered 04/12/17 17:22:45 Desc Main Document Page 6 of 63

Deb	tor 1 Cari L Johnson		Document	1 age 0 01 03	Case number (if k	nown)
Part	6: Answer These Quest	ions for Repo	orting Purposes			
16.	What kind of debts do you have?	16a. Ai	re your debts primarily consuldividual primarily for a personal,	mer debts? Consumer family, or household pu	debts are defined i	in 11 U.S.C. § 101(8) as "incurred by an
			No. Go to line 16b.			
			Yes. Go to line 17.			
			re your debts primarily busine oney for a business or investme			
			No. Go to line 16c.			
			Yes. Go to line 17.			
		16c. St	ate the type of debts you owe th	at are not consumer de	bts or business de	bts
17.	Are you filing under Chapter 7?	□ No. I a	am not filing under Chapter 7. Go	o to line 18.		
	Do you estimate that after any exempt property is excluded and	– res. ar	e paid that funds will be available			is excluded and administrative expense:
	administrative expenses are paid that funds will		No			
	be available for distribution to unsecured creditors?		Yes			
18.	How many Creditors do	1 -49		□ 1,000-5,000		□ 25,001-50,000
	you estimate that you owe?	□ 50-99		□ 5001-10,000		□ 50,001-100,000
		□ 100-199 □ 200-999		□ 10,001-25,000		☐ More than100,000
19.	How much do you	□ \$0 - \$50,	000	□ \$1,000,001 - \$10 r	million	☐ \$500,000,001 - \$1 billion
	estimate your assets to be worth?	\$50,001 - \$100,000		1 \$10,000,001 - \$50		□ \$1,000,000,001 - \$10 billion
		□ \$100,001 - \$500,000 □ \$500,001 - \$1 million		□ \$50,000,001 - \$10 □ \$100,000,001 - \$5		☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion
20.	How much do you	□ \$0 - \$50,	000	□ \$1,000,001 - \$10 r	million	□ \$500,000,001 - \$1 billion
	estimate your liabilities to be?	□ \$50,001 - \$100,000 ■ \$100,001 - \$500,000 □ \$500,001 - \$1 million		□ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million		□ \$1,000,000,001 - \$10 billion
						☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion
D	O'm Dalam		4			
Pari						
For	you	I have exam	ined this petition, and I declare	under penalty of perjury	that the information	in provided is true and correct.
			sen to file under Chapter 7, I am s Code. I understand the relief a			er Chapter 7, 11,12, or 13 of title 11, e to proceed under Chapter 7.
			y represents me and I did not pa have obtained and read the not			attorney to help me fill out this
		I request reli	ef in accordance with the chapte	er of title 11, United Stat	tes Code, specified	d in this petition.
			case can result in fines up to \$25			operty by fraud in connection with a s, or both. 18 U.S.C. §§ 152, 1341, 1519
		Cari L Joh Signature of	nson	Signa	ature of Debtor 2	
		Executed on		Exec	uted on	
			MM / DD / YYYY		MM / DE	O / YYYY

Case 17-80870 Doc 1 Filed 04/12/17 Entered 04/12/17 17:22:45 Desc Main Document Page 7 of 63

Debtor 1 Cari L Johnson Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ MICHAEL C. DOWNEY	Date	April 12, 2017	
Signature of Attorney for Debtor		MM / DD / YYYY	
MICHAEL C. DOWNEY			
Printed name			
LAW OFFICE OF MICHAEL C. DOWNEY			
Firm name			
420 WEST SECOND STREET			
DIXON, IL 61021			
Number, Street, City, State & ZIP Code			
Contact phone 815.288.6688	Email address		
6186785 - Illinois			
Bar number & State			

Case 17-80870 Doc 1 Filed 04/12/17 Entered 04/12/17 17:22:45 Desc Main

		DOCUIII	eni Paue 8 oi t	3.5	•
Fill in this infor	mation to identify your	case:			
Debtor 1	Cari L Johnson				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS - WESTERN	N DIVISION	
Case number					
(if known)					Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your a	assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	65,613.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	5,722.13
	1c. Copy line 63, Total of all property on Schedule A/B	\$	71,335.13
Pa	t 2: Summarize Your Liabilities		
			iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	61,011.32
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	40,303.67
	Your total liabilities	\$	101,314.99
Pa	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	3,961.84
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	3,681.39
Pa	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sc	hedules.
7.	■ Yes What kind of debt do you have?		

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Entered 04/12/17 17:22:45 Doc 1 Filed 04/12/17 Desc Main Case 17-80870 Document

Page 9 of 63 Case number (if known) Debtor 1 Cari L Johnson

8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form	470444
	122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14.	\$ 4,784.44

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

	C	ase 17-80870	Doc 1	Filed 04/1		Entered 04/12/17	17:22:45	Des	c Main	
Fill	in this infor	mation to identify yo	ur case and t							
Deb	otor 1	Cari L Johnson		le Name		Last Name				
	otor 2 use, if filing)	First Name	Midd	le Name		Last Name				
Unit	ted States Ba	ankruptcy Court for the	: NORTHEI	RN DISTRICT	OF ILLIN	IOIS - WESTERN DIVISION				
Cas	se number							[Check if the amended	
_		orm 106A/B le A/B: Pro	norty							12/15
n ea nink nfor nsv	ch category, a it fits best. I mation. If mo wer every que	separately list and desc Be as complete and acci re space is needed, atta	ribe items. List urate as possik ch a separate s	ble. If two marrie sheet to this for	ed people m. On the	n asset fits in more than one of are filing together, both are e top of any additional pages, v	qually responsibl	e for sup	e category whe	ere you
_	No. Go to Pa	rt 2. is the property?								
1.1	1001 Eth	Ava		What is the	property	? Check all that apply				
		Single-family home Duplex or multi-unit building Condominium or cooperative			i-unit building	Do not deduct see the amount of any Creditors Who Ha	secured	claims on <i>Sched</i>	lule D:	
	Sterling City	IL 6	1081-0000 ZIP Code	Land		or mobile home	Current value of entire property? \$65,61		Current value of portion you ow \$65,	
				Othe	-	in the property? Check one	Describe the nat (such as fee sim a life estate), if k Fee simple	ple, tenar		
	Whiteside	e			or 2 only					
	County			☐ At lea	ast one of mation yo	bebtor 2 only the debtors and another ou wish to add about this item, on number:	(see instruction		unity property	

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here......>>

\$65,613.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Case 17-80870 Doc 1 Filed 04/12/17 Entered 04/12/17 17:22:45 Desc Main Page 11 of 63

Case number (if known) Document Debtor 1 Cari L Johnson 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put Chrysler Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: **Town and Country Van** Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2008 Year: Debtor 2 only Current value of the Current value of the 190000 Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another \$2,000.00 \$2,000.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$2,000.00 pages you have attached for Part 2. Write that number here...... Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... Normal complement of household goods 1/2 interest. Total Value \$1,160.00 \$2,320 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... \$100.00 TV's 1/2 intesest in them. Total value \$200 8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

■ No

☐ Yes. Describe.....

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

□ No

Yes. Describe.....

\$0.00 Eliptical which is broken

Case 17-80870 Doc 1 Filed 04/12/17 Entered 04/12/17 17:22:45 Desc Main Document Page 12 of 63
Case number (if known)

	Can L John	5011		Case Hulli	DCI (II KIIOWII)	
10.	_	s, shotgui	ns, ammunition,	, and related equipment		
	■ No □ Yes. Describe					
	Clothes Examples: Everyday cl No Yes. Describe	othes, fur	s, leather coats	s, designer wear, shoes, accessories		
	Yes. Describe					
		Clothe	s and family	photos		\$350.00
	Jewelry Examples: Everyday je □ No ■ Yes. Describe	welry, cos	stume jewelry, e	engagement rings, wedding rings, heirloom jewelry, wat	ches, gems, gold, silver	
		Jewel	ry			\$400.00
	Non-farm animals Examples: Dogs, cats, □ No ■ Yes. Describe	birds, hor	ses			
		Dog a	nd 2 Cats			\$0.00
		of all of y	our entries fro	om Part 3, including any entries for pages you have	attached	\$2,010.00
Pa	art 4: Describe Your Finan	cial Asset	s			
				est in any of the following?	portion y Do not do	value of the you own? educt secured r exemptions.
	□ No			our home, in a safe deposit box, and on hand when you	file your petition	
				Cash		\$0.00
				l accounts; certificates of deposit; shares in credit unionsounts with the same institution, list each. Institution name:	s, brokerage houses, and ot	her similar
		17.1.	Savings	First Federal Savings Bank		\$186.50
		17.2.	Checking	First Federal Savings Bank - Joint a husband	cct. with	\$115.13

Official Form 106A/B

page 3

		Case 17-80870	Doc 1	Filed 04/12/17 Document	Entered 04/12/17 17:22:45 Page 13 of 63	Desc Main
D	ebtor 1	Cari L Johnson		Boodinent	Case number (if known)	
18	Examp ■ No	mutual funds, or publi les: Bond funds, investm		ith brokerage firms, mon	ey market accounts	
19	joint ve ■ No	enture Give specific information			orporated businesses, including an interes % of ownership:	st in an LLC, partnership, and
20	Negotia Non-ne	ment and corporate bo able instruments include agotiable instruments are Give specific information	onds and other personal check those you cann	s, cashiers' checks, pror	·	
21	Examp ☐ No	nent or pension account les: Interests in IRA, ERI	SA, Keogh, 401	(k), 403(b), thrift saving	s accounts, or other pension or profit-sharing	plans
	_ 100.1	·	of account:	Institution n	ame:	
		401(k)	Retiremen	nt through employer	Unknown
22	Your sh Examp	les: Agreements with lan	its you have ma	rent, public utilities (elec	tinue service or use from a company ctric, gas, water), telecommunications compar	nies, or others
22			dia novement of			
23	■ No	es (A contract for a pend	odic payment of	money to you, either for	life or for a number of years)	
	☐ Yes	lssuer nan	na and descripti			
			ne and descripti	on.		
24		s in an education IRA, i C. §§ 530(b)(1), 529A(b),	in an account i		gram, or under a qualified state tuition pro	ogram.
24	26 U.S.C	C. §§ 530(b)(1), 529A(b),	in an account i and 529(b)(1).	n a qualified ABLE pro	ogram, or under a qualified state tuition pro	
	26 U.S.0 ■ No □ Yes Trusts, ■ No	C. §§ 530(b)(1), 529A(b),	in an account in and 529(b)(1). name and descenters in prope	n a qualified ABLE pro		:
25	26 U.S.C ■ No □ Yes Trusts, ■ No □ Yes. Patents Examp ■ No	C. §§ 530(b)(1), 529A(b),	in an account in and 529(b)(1). name and descentests in propern about them ks, trade secretes, propern secretes, websites, propern account in a count	n a qualified ABLE pro ription. Separately file th rty (other than anythin ts, and other intellectu	ne records of any interests.11 U.S.C. § 521(c)	:

Official Form 106A/B Schedule A/B: Property page 4

 $\hfill \square$ Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured

claims or exemptions.

	Case 17-80870	Doc 1	Filed 04/12/17	Entered 04/12	2/17 17:22:45	Desc Main
Debtor 1	Cari L Johnson		Document	Page 14 of 63	ase number (if known)	
	funds owed to you					
□ No ■ Yes.	Give specific information al	bout them. in	cluding whether you alre	adv filed the returns and	d the tax vears	
	Circ openio inioniano i		ionaamig innomion you amo	aayaa ara ratama a	2 11.0 tan youro	
		Fed	eral Tax Refund for 2	2016 (1/2 interest		
			of \$2,807)		Federal	\$1,403.50
					1	
		Illin	ois 2016 tax refund. \$14.00)	(1/2 intesest in	State	\$7.00
					1	
29. Family						
<i>Exam</i> _l □ No	ples: Past due or lump sum	alimony, spo	ousal support, child supp	ort, maintenance, divord	e settlement, property	settlement
■ Yes.	Give specific information	···				
		Arre	earage due me from in case 2007 F 17 - \			
			Illinois		Child Support	Unknown
	amounts someone owes y ples: Unpaid wages, disabili		payments, disability ben	efits, sick pay, vacation	pay, workers' comper	nsation, Social Security
	benefits; unpaid loans				,	,
■ No □ Yes	Give specific information					
	sts in insurance policies <i>pl</i> es: Health, disability, or life	e insurance;	health savings account (HSA); credit, homeown	er's, or renter's insurar	nce
■ No	Name de l'accessor		a Para and Pat Standard			
⊔ Yes.	Name the insurance compa Com	any or eacn p pany name:	oolicy and list its value.	Beneficiar	y:	Surrender or refund
						value:
32. Any in	terest in property that is a are the beneficiary of a livin	lue you fron	n someone who has die	ed surance policy, or are c	surrently entitled to rece	eive property because
some	one has died.	g truot, oxpo	ot proceeds from a me	ourance policy, or are c	arrorray criation to root	nto property because
■ No □ Yes	Give specific information					
— 103.	Cive specific information					
	s against third parties, who				or payment	
■ No	pies. Accidents, employmen	it disputes, ii	isulance claims, or rights	s to sue		
☐ Yes.	Describe each claim					
34. Other	contingent and unliquidat	ed claims o	f every nature, includin	g counterclaims of the	debtor and rights to	set off claims
■ No	Describe analystsics					
	Describe each claim					
35. Any fir ■ No	nancial assets you did not	already list	i .			
	Give specific information					
00 5 5						
	the dollar value of all of yo art 4. Write that number h		•			\$1,712.13
					I	
Part 5: De	escribe Any Business-Related	Property You	Own or Have an Interest	In. List any real estate in	Part 1.	

Official Form 106A/B Schedule A/B: Property

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.

Case 17-80870 Doc 1 Filed 04/12/17 Entered 04/12/17 17:22:45 Desc Main Page 15 of 63

Case number (if known) Document Debtor 1 Cari L Johnson ☐ Yes. Go to line 38. Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$65,613.00 Part 2: Total vehicles, line 5 56. \$2,000.00 Part 3: Total personal and household items, line 15 57. \$2,010.00 58. Part 4: Total financial assets, line 36 \$1,712.13 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... \$5,722.13 Copy personal property total \$5,722.13

Official Form 106A/B Schedule A/B: Property

63. Total of all property on Schedule A/B. Add line 55 + line 62

page 6

\$71,335.13

Case 17-80870 Doc 1 Filed 04/12/17 Entered 04/12/17 17:22:45 Desc Main

		17(7(3)111)		
Fill in this infor	mation to identify your	case:		
Debtor 1	Cari L Johnson			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS - WESTERN DIVISION	
Case number				
(if known)				☐ Check if this is ar amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own			Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
1001 5th Ave Sterling, IL 61081 Whiteside County	\$65,613.00		\$15,000.00	735 ILCS 5/12-901
Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	
2008 Chrysler Town and Country Van	\$2,000.00		\$2,400.00	735 ILCS 5/12-1001(c)
Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit	
Normal complement of household goods 1/2 interest. Total Value	\$1,160.00		\$1,160.00	735 ILCS 5/12-1001(b)
\$2,320 Line from <i>Schedule A/B</i> : 6.1			100% of fair market value, up to any applicable statutory limit	
TV's 1/2 intesest in them. Total value \$200	\$100.00		\$100.00	735 ILCS 5/12-1001(b)
Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit	
Clothes and family photos	\$350.00		\$350.00	735 ILCS 5/12-1001(a)
Ellie Holli Golloddio 77 B. 1111			100% of fair market value, up to any applicable statutory limit	

Case 17-80870 Doc 1 Filed 04/12/17 Entered 04/12/17 17:22:45 Desc Main Document Page 17 of 63

otor 1 Cari L Johnson			Case number (if known)		
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from		ount of the exemption you claim eck only one box for each exemption.	Specific laws that allow exemption	
	Schedule A/B			705 !! 00 5/40 4004 !! `	
Jewelry Line from Schedule A/B: 12.1	\$400.00		\$400.00	735 ILCS 5/12-1001(b)	
Ellio II Gunedale / V.E. 1=11			100% of fair market value, up to any applicable statutory limit		
Savings: First Federal Savings Bank Line from Schedule A/B: 17.1	\$186.50		\$186.50	735 ILCS 5/12-1001(b)	
			100% of fair market value, up to any applicable statutory limit		
Checking: First Federal Savings Bank - Joint acct, with husband	\$115.13		\$115.13	735 ILCS 5/12-1001(b)	
Line from Schedule A/B: 17.2			100% of fair market value, up to any applicable statutory limit		
401(k): Retirement through employer Line from Schedule A/B: 21.1	Unknown		100%	735 ILCS 5/12-1006	
Line Holli Schedule A/B. 21.1			100% of fair market value, up to any applicable statutory limit		
Federal: Federal Tax Refund for 2016 (1/2 interest of \$2,807)	\$1,403.50		\$1,403.50	735 ILCS 5/12-1001(b)	
Line from Schedule A/B: 28.1			100% of fair market value, up to any applicable statutory limit		
State: Illinois 2016 tax refund. (1/2 intesest in \$14.00)	\$7.00		\$7.00	735 ILCS 5/12-1001(b)	
Line from Schedule A/B: 28.2			100% of fair market value, up to any applicable statutory limit		
Child Support: Arrearage due me from Justin R. Campos in case 2007	Unknown		100%	735 ILCS 5/12-1001(g)(4)	
F 17 - Whiteside County, Illinois Line from Schedule A/B: 29.1			100% of fair market value, up to any applicable statutory limit		
Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every No Yes. Did you acquire the property covered.	3 years after that for ca	ases fi	led on or after the date of adjustmen		
□ No					
☐ Yes					

Case 17-80870 Doc 1 Filed 04/12/17 Entered 04/12/17 17:22:45 Desc Main

	Document F	Page 18 o	f 63		
Fill in this information to identify you	ır case:				
Debtor 1 Cari L Johnson					
Debtor 1 Cari L Johnson First Name		ast Name			
Debtor 2					
(Spouse if, filing) First Name	Middle Name L	ast Name			
United States Bankruptcy Court for the	: NORTHERN DISTRICT OF ILLING	JIS - WESTE	RN DIVISION		
Casa number					
Case number (if known)				☐ Check	if this is an
				_	led filing
				amene	ica iiii ig
Official Form 106D					
Schedule D: Creditors	s Who Have Claims Se	ecured by	by Propert	У	12/15
Be as complete and accurate as possible.	If two married poople are filing together	both are equal	ly rosponsible for su	innlying correct informs	tion If more space
is needed, copy the Additional Page, fill it					
number (if known).					
1. Do any creditors have claims secured by	y your property?				
☐ No. Check this box and submit t	his form to the court with your other scl	nedules. You h	have nothing else t	o report on this form.	
_	•		and manifest to		
Yes. Fill in all of the information	below.				
Part 1: List All Secured Claims					
2. List all secured claims. If a creditor has	more than one secured claim. list the credito	r separately	Column A	Column B	Column C
for each claim. If more than one creditor has	s a particular claim, list the other creditors in		Amount of claim	Value of collateral	Unsecured
much as possible, list the claims in alphabeti	ical order according to the creditor's name.		Do not deduct the value of collateral.	that supports this claim	portion If any
2.1 Huntington Bank	Describe the property that secures the		\$3,195.32	\$2,000.00	\$1,195.32
Creditor's Name	2008 Chrysler Town and Coun		Ψο,:σο:σΞ	ΨΞ,000.00	<u> </u>
	Van 190000 miles	"y			
	van 130000 nines				
2361 Morse Road	As of the date you file, the claim is: Che	ck all that			
Columbus, OH 43229	apply. Contingent				
Number, Street, City, State & Zip Code	<u> </u>				
Number, Street, City, State & Zip Code	☐ Unliquidated				
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.				
_	_				
■ Debtor 1 only	 An agreement you made (such as mor car loan) 	tgage or secure	d		
Debtor 2 only	_ ′				
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mecha	nic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this claim relates to a	Other (including a right to offset)				
community debt					
Date debt was incurred 2011	Last 4 digits of account number				
	=				
0.0 MST Donk	Describe the preparty that accuracy the	alaim.	¢E7 046 00	¢cE c42 00	¢0.00
2.2 M&T Bank Creditor's Name	Describe the property that secures the		\$57,816.00	\$65,613.00	\$0.00
Creditor's Name	1001 5th Ave Sterling, IL 61081				
PO Box 62182	Whiteside County				
Baltimore, MD	As of the date you file, the claim is: Che	ck all that			
21264-2182	apply.				
	Contingent				
Number, Street, City, State & Zip Code	Unliquidated				
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.				
_	_				
Debtor 1 only	An agreement you made (such as mor	tgage or secure	d		
Debtor 2 only	car loan)				
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mecha	nic's lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this claim relates to a	Other (including a right to offset)				
community debt					
Date debt was incurred 2007	Last 4 digits of account number	1869			

Case 17-80870 Doc 1 Filed 04/12/17 Entered 04/12/17 17:22:45 Desc Main Document Page 19 of 63

Debtor 1	tor 1 Cari L Johnson			Case number (if know)	
	First Name	Middle Name	Last Name		

Add the dollar value of your entries in Column A on this page. Write that number here:

\$61,011.32

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

\$61,011.32

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Case 17-80870 Doc 1 Filed 04/12/17 Entered 04/12/17 17:22:45 Desc Main

	0000 11 00010 1	Document	Page 2	0 of 63	40 Describant
Fill in this in	nformation to identify your		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Debtor 1	Cari L Johnson				
20010	First Name	Middle Name	Last Name		
Debtor 2	First Name	Middle None	Last Name		
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States	s Bankruptcy Court for the:	NORTHERN DISTRICT OF ILL	LINOIS - WES	STERN DIVISION	
Case numbe	er				
(if known)					☐ Check if this is an
					amended filing
Official F	orm 106E/F				
		ho Have Unsecured	Claims		12/15
				Part 2 for creditors with NON	PRIORITY claims. List the other party to
eft. Attach the ame and case		e. If you have no information to rep			number the entries in the boxes on the op of any additional pages, write your
	reditors have priority unsecure				
_ `	o to Part 2.	,			
☐ Yes.					
	ist All of Your NONPRIORIT	Y Unsecured Claims			
3. Do any cr	reditors have nonpriority unsec	cured claims against you?			
□ No. Yo	ou have nothing to report in this p	art. Submit this form to the court with	vour other sche	edules.	
■ Yes.			,		
■ Yes.					
unsecured	d claim, list the creditor separately	aims in the alphabetical order of the y for each claim. For each claim listed ist the other creditors in Part 3.If you h	l, identify what t	type of claim it is. Do not list claim	ims already included in Part 1. If more
					Total claim
4.1 BEF	RGNERS	Last 4 digits of acc	ount number	4811	\$301.29
	priority Creditor's Name	When we the debt			
_	BOX 659813 Antonio, TX 78265	When was the debt	incurrea?		
	ber Street City State Zlp Code	As of the date you f	file, the claim i	is: Check all that apply	
Who	incurred the debt? Check one.				
D	ebtor 1 only	☐ Contingent			
□ D	ebtor 2 only	☐ Unliquidated			
□ D	ebtor 1 and Debtor 2 only	☐ Disputed			
☐ At	t least one of the debtors and and		RITY unsecured	d claim:	
	heck if this claim is for a comr	_			
debt Is the	e claim subject to offset?	Obligations arisin report as priority claim		aration agreement or divorce that	at you did not
■ N	•			g plans, and other similar debts	S
		_			
— 10	5 3	Other. Specify			

Case 17-80870 Doc 1 Filed 04/12/17 Entered 04/12/17 17:22:45 Desc Main Document Page 21_of 63

Debtor 1 Cari L Johnson Case number (if know) 4.2 \$584.66 **Capital One - Menards** Last 4 digits of account number 7270 Nonpriority Creditor's Name PO Box 71106 When was the debt incurred? Charlotte, NC 28272-1106 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Care Credit Dental -Synchrony \$1.867.48 7724 4.3 Last 4 digits of account number Bank Nonpriority Creditor's Name PO Box 965065 When was the debt incurred? Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.4 Care Credit-Synchrony Bank Last 4 digits of account number 0376 \$1,867.00 Nonpriority Creditor's Name When was the debt incurred? PO Box 960061 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify

Case 17-80870 Doc 1 Filed 04/12/17 Entered 04/12/17 17:22:45 Desc Main Document Page 22_of 63

Debtor 1 Cari L Johnson Case number (if know) 4.5 \$2,147.82 **CGH Medical Center** Last 4 digits of account number Nonpriority Creditor's Name 100 E LeFevre Road When was the debt incurred? Sterling, IL 61081 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Various Acct's ☐ Yes **CGH Medical Center Main Clinic** 4.6 Last 4 digits of account number \$3,300.43 4155 Nonpriority Creditor's Name fka Sterling Rock Falls Clinic When was the debt incurred? 101 E Miller Rd Sterling, IL 61081 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.7 **CHASE CREDIT CARD** Last 4 digits of account number 4045 \$6,921.00 Nonpriority Creditor's Name When was the debt incurred? PO BOX 15153 Wilmington, DE 19880 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify

Case 17-80870 Doc 1 Filed 04/12/17 Entered 04/12/17 17:22:45 Desc Main Document Page 23 of 63

Case number (if know) Debtor 1 Cari L Johnson 4.8 \$301.29 **Comenity Bank** Last 4 digits of account number 4811 Nonpriority Creditor's Name Attn: Bankruptcy Dept. When was the debt incurred? PO Box 182125 Columbus, OH 43218-2125 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.9 **Discover Card** \$5,367.00 Last 4 digits of account number 6631 Nonpriority Creditor's Name PO Box 15316 When was the debt incurred? Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not debt Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.1 **Discover Card** \$5,560.00 6631 Last 4 digits of account number 0 Nonpriority Creditor's Name PO Box 6103 When was the debt incurred? Carol Stream, IL 60197-6103 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify

Case 17-80870 Doc 1 Filed 04/12/17 Entered 04/12/17 17:22:45 Desc Main Document Page 24 of 63

Debt	or 1 Cari L Johnson	Case number (if know)	
4.1 1	Kohls	Last 4 digits of account number 7083	\$310.65
	Nonpriority Creditor's Name PO Box 2983 Milwaukee, WI 53201-2983	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.1	Kohls Payment Center	Last 4 digits of account number 5005	\$528.11
	Nonpriority Creditor's Name		
	PO Box 2983 Milwaukee, WI 53201-2983	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.1	Midland Credit Mgmt	Last 4 digits of account number	Unknown
<u> </u>	Nonpriority Creditor's Name		
	PO Box 60578	When was the debt incurred?	
	Los Angeles, CA 90060-0578 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the dam is. Oncok an that appry	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	

☐ Yes

Other. Specify

Case 17-80870 Doc 1 Filed 04/12/17

Entered 04/12/17 17:22:45 Desc Main Document Page 25 of 63 Debtor 1 Cari L Johnson Case number (if know) 4.1 Midland Funding LLC \$8,946.94 Last 4 digits of account number Nonpriority Creditor's Name 8875 Aero Dr. When was the debt incurred? Suite 200 San Diego, CA 92123 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.1 **OLD NAVY - SYNCHRONY BANK** 8553 Unknown Last 4 digits of account number 5 Nonpriority Creditor's Name f/n/a Visa Card When was the debt incurred? PO Box 960017 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.1 Sandra Morgan \$1,800.00 Last 4 digits of account number 6 Nonpriority Creditor's Name 1715 11th Ave When was the debt incurred? Sterling, IL 61081 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed

Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Loans, money for BK ☐ Yes

Case 17-80870 Doc 1 Filed 04/12/17 Entered 04/12/17 17:22:45 Desc Main Document Page 26 of 63

Debtor 1 Cari L Johnson Document Page 26 of 63
Case number (if know)

4.1 Sterling Unit 5 School District	Last 4 digits of account number	\$500.00						
Nonpriority Creditor's Name 410 E LeFevre	When was the debt incurred?							
Sterling, IL 61081 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: C	As of the date you file, the claim is: Check all that apply						
Debtor 1 only	☐ Contingent							
Debtor 2 only	☐ Unliquidated							
Debtor 1 and Debtor 2 only	☐ Disputed							
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured cla	uim:						
_	☐ Student loans							
☐ Check if this claim is for a community debt	_	on agreement or divorce that you did not						
Is the claim subject to offset?	report as priority claims	in agreement or divorce that you did not						
No	Debts to pension or profit-sharing pla	ans, and other similar debts						
□Yes	Other. Specify							
Part 3: List Others to Be Notified About a De	bt That You Already Listed							
is trying to collect from you for a debt you owe to so	omeone else, list the original creditor in Par it you listed in Parts 1 or 2, list the addition	already listed in Parts 1 or 2. For example, if a collection agency ts 1 or 2, then list the collection agency here. Similarly, if you al creditors here. If you do not have additional persons to be						
Name and Address	On which entry in Part 1 or Part 2 did you list	the original creditor?						
Blitt and Gaines, PC		rt 1: Creditors with Priority Unsecured Claims						
661 W. Glenn Avenue		rt 2: Creditors with Nonpriority Unsecured Claims						
Wheeling, IL 60090	Last 4 digits of account number	,						
Name and Address	On which entry in Part 1 or Part 2 did you list	•						
Blitt and Gaines, PC 661 W. Glenn Avenue		rt 1: Creditors with Priority Unsecured Claims						
Wheeling, IL 60090	■ Pa	rt 2: Creditors with Nonpriority Unsecured Claims						
3,	Last 4 digits of account number							
Name and Address	On which entry in Part 1 or Part 2 did you list	the original creditor?						
Blitt and Gaines, PC		rt 1: Creditors with Priority Unsecured Claims						
661 W. Glenn Avenue	■ Pa	rt 2: Creditors with Nonpriority Unsecured Claims						
Wheeling, IL 60090	Last 4 digits of account number							
	Last 4 digits of account number							
Name and Address	On which entry in Part 1 or Part 2 did you list	•						
Merchants & Medical Credit Corp 6324 Taylor Drive	`	rt 1: Creditors with Priority Unsecured Claims						
Flint, MI 48507-4685	■ Pa	rt 2: Creditors with Nonpriority Unsecured Claims						
, 1000.	Last 4 digits of account number							
Name and Address	On which entry in Part 1 or Part 2 did you list	the original creditor?						
Midland Credit Mgmt		rt 1: Creditors with Priority Unsecured Claims						
PO Box 60578		rt 2: Creditors with Nonpriority Unsecured Claims						
Los Angeles, CA 90060-0578		t 2. Greditors with Noriphority Onsecured Glaims						
	Last 4 digits of account number							
Name and Address	On which entry in Part 1 or Part 2 did you list	the original creditor?						
Midland Credit Mgmt	Line $\underline{4.1}$ of (Check one):	rt 1: Creditors with Priority Unsecured Claims						
2365 Northside Dr. Suite 300	■ Pa	rt 2: Creditors with Nonpriority Unsecured Claims						
San Diego, CA 92108								
	Last 4 digits of account number							
Name and Address	On which entry in Part 1 or Part 2 did you list	the original creditor?						
Midland Credit Mgmt		rt 1: Creditors with Priority Unsecured Claims						
PO Box 60578		rt 2: Creditors with Nonpriority Unsecured Claims						
Los Angeles, CA 90060-0578								
	Last 4 digits of account number							
Name and Address	On which entry in Part 1 or Part 2 did you list	he original creditor?						

Case 17-80870 Doc 1 Filed 04/12/17 Entered 04/12/17 17:22:45 Desc Main Document Page 27 of 63

Midland Credit Mgmt PO Box 60578 Los Angeles, CA 90060-0578 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.7 of (Check one): Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.2 of (Check one): Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims		Case number (if know)
Name and Address MRS Associates of New Jersey 9130 Olney Ave Cherry Hill, NJ 08003 Con which entry in Part 1 or Part 2 did you list the original creditor? Line 4.7 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Con which entry in Part 1 or Part 2 did you list the original creditor? Stoneleigh Recovery Associates PO Box 1479 Line 4.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims	Line 4.3 of (Check one):	
MRS Associates of New Jersey 9130 Olney Ave Cherry Hill, NJ 08003 Last 4 digits of account number On which entry in Part 1 or Part 2 did you list the original creditor? Stoneleigh Recovery Associates PO Box 1479 Line 4.7 of (Check one): Part 1: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims	Last 4 digits of account number	
9130 Olney Ave Cherry Hill, NJ 08003 Last 4 digits of account number Part 2: Creditors with Nonpriority Unsecured Claims Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Stoneleigh Recovery Associates PO Box 1479 Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims	On which entry in Part 1 or Part	2 did you list the original creditor?
Cherry Hill, NJ 08003 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Stoneleigh Recovery Associates PO Box 1479 Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims	Line 4.7 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Stoneleigh Recovery Associates PO Box 1479 Check one): □ Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims		■ Part 2: Creditors with Nonpriority Unsecured Claims
Stoneleigh Recovery Associates PO Box 1479 Line 4.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims	Last 4 digits of account number	
PO Box 1479 Part 2: Creditors with Nonpriority Unsecured Claims	On which entry in Part 1 or Part	2 did you list the original creditor?
■ Part 2: Creditors with Nonbriority Unsecured Claims	Line 4.2 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
		■ Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	Last 4 digits of account number	
Lombard, IL 60148-8479		Last 4 digits of account number On which entry in Part 1 or Part Line 4.7 of (Check one): Last 4 digits of account number On which entry in Part 1 or Part Line 4.2 of (Check one):

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total C	aim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
				Total C	
Total	6f.	Student loans	6f.	\$	0.00
claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.		6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	40,303.67
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	40,303.67

Case 17-80870 Doc 1 Filed 04/12/17 Entered 04/12/17 17:22:45 Desc Main

		1700.000	III FAUE 70 01 03	
Fill in this infor	rmation to identify your	case:		
Debtor 1	Cari L Johnson			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS - WESTERN DIVISIO	N
Case number				
(if known)				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	n whom you have the c	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.2					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.3					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.4					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.5					
	Name				
	Number	Street			_
	City		State	ZIP Code	-

Case 17-80870 Doc 1 Filed 04/12/17 Entered 04/12/17 17:22:45 Desc Main

		Docume	nt Page 29 d)T (5.3	
Fill in this	information to identify your				
Debtor 1	Cari L Johnson				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filin	ng) First Name	Middle Name	Last Name		
United Stat	tes Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS - WESTE	RN DIVISION	
Case numb	ner				
(if known)					☐ Check if this is an
					amended filing
Official	Form 106H				
Sched	ule H: Your Cod	ebtors			12/15
people are ill it out, ar	filing together, both are equ	ally responsible for supposes on the left. Attach	olying correct informat In the Additional Page t	ion. If more space is n	ate as possible. If two married needed, copy the Additional Page, p of any Additional Pages, write
1. Do y	you have any codebtors? (If	you are filing a joint case,	do not list either spouse	as a codebtor.	
■ No					
☐ Yes					
	nin the last 8 years, have you a, California, Idaho, Louisiana				y states and territories include
	Go to line 3. Did your spouse, former spo	use or legal equivalent live	with you at the time?		
L res	. Dia your spouse, former spo	use, or legal equivalent live	e with you at the time?		
in line Form 1	2 again as a codebtor only	if that person is a guaran	tor or cosigner. Make	sure you have listed th	g with you. List the person shown ne creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and Z	IP Code		Column 2: The cre Check all schedule	editor to whom you owe the debt es that apply:
3.1				☐ Schedule D, line	е
	Name			☐ Schedule E/F, I	
				☐ Schedule G, lin	e
	Number Street City	State	ZIP Code		
3.2				Schedule D, line	
1	Name			☐ Schedule E/F, I	
				☐ Schedule G, lin	e
	Number Street City	State	ZIP Code		

Case 17-80870 Doc 1 Filed 04/12/17 Entered 04/12/17 17:22:45 Desc Main Document Page 30 of 63

Fill	in this information to identify	vour ca	se:									
	,	Johns										
	otor 2											
Uni	ted States Bankruptcy Court	for the:	NORTHERN DISTRIC	CT OF ILLING	OIS - WESTI	ERN						
(If kn	se number							□ Ar		ed filing ent showin	g postpetitior	•
	fficial Form 106I							\overline{M}	M / DD/ Y	YYYY		
So	chedule I: Your	Inco	me									12/15
sup spo atta	as complete and accurate a plying correct information. use. If you are separated a ch a separate sheet to this Describe Employ Fill in your employment	If you a nd your form. O	re married and not filing wi	ng jointly, a th you, do r	nd your spo not include i	use i nfori	s livi natio	ing with yon about	you, incl your spo mber (if	ude inforr buse. If mo known). A	nation about ore space is	t your needed, , question
	information.								□ Empl		iing spouse	
	If you have more than one attach a separate page wit information about additional additional applications.	h	Employment status	■ Employ □ Not em	•					mployed		
	employers.		Occupation	Reg. Pol	ysomnogr	aph	Tec	<u>h</u>				
	Include part-time, seasona self-employed work.	ıl, or	Employer's name	CGH Me	dical Cent	er						
	Occupation may include st or homemaker, if it applies		Employer's address		Fevre Roa IL 61081	d						
			How long employed ti	here?	15 years							
Par	t 2: Give Details Abo	out Mont	hly Income									
	mate monthly income as o		te you file this form. If y	you have not	thing to repo	rt for	any I	ine, write	\$0 in the	space. Inc	clude your no	n-filing
	u or your non-filing spouse he space, attach a separate sl			ombine the ir	nformation fo	r all e	mplo	oyers for t	hat perso	on on the li	nes below. If	you need
								For Deb	tor 1		btor 2 or ing spouse	
2.	List monthly gross wage deductions). If not paid mo					2.	\$	2,	563.51	\$	0.00	-
3.	Estimate and list monthly	y overtir	ne pay.			3.	+\$		0.00	+\$	0.00	-
4.	Calculate gross Income.	Add line	e 2 + line 3.			4.	\$	2,56	3.51	\$	0.00	

Case 17-80870 Doc 1 Filed 04/12/17 Entered 04/12/17 17:22:45 Desc Main Document Page 31 of 63

Debt	tor 1	Cari L Johnson	-	C	Case number (if kr	nown)				
					For Debtor 1			Debtor 2 -filing sp		
	Cop	by line 4 here	4.		\$ 2,563	3.51	\$		0.00	
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a	ā.	\$ 491	1.14	\$		0.00	
	5b.	Mandatory contributions for retirement plans	5b			0.00	\$		0.00	-
	5c.	Voluntary contributions for retirement plans	50) .	\$	0.00	\$		0.00	-
	5d.	Required repayments of retirement fund loans	5d	d.	\$ (0.00	\$		0.00	•
	5e.	Insurance	5e			5.37	\$		0.00	- -
	5f.	Domestic support obligations	5f.			0.00	\$		0.00	
	5g.	Union dues	5g			0.00	\$		0.00	-
	5h.	Other deductions. Specify: Patient Acct. Deduction	5n	1.+		0.00			0.00	=
_		SRFC Patient Acct. Deduction			<u> </u>	1.17	\$		0.00	-
6.		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.			0.68	\$		0.00	-
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$1,652	2.83	\$		0.00	-
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a	a	\$	0.00	\$		0.00	
	8b.	Interest and dividends	8b		·	0.00	\$-		0.00	-
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	80) .		0.00	\$		0.00	=
	8d.	Unemployment compensation	80	d.	\$ (0.00	\$	2,3	309.01	-
	8e.	Social Security	8e	€.	\$	0.00	\$		0.00	-
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	8f.			0.00	\$		0.00	
	8g. 8h.	Other monthly income Consider	8g	,	·	0.00	· —		0.00	-
	OII.	Other monthly income. Specify:	_ 01	i. -	Ψ		΄,Ψ		0.00	
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	S(0.00	\$	2	,309.01	l
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	1,652.83	+ \$	2.3	309.01	= \$	3,961.84
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		-	1,002.00	* -			-	0,001101
11.	Incli othe Do i	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your per friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	depe					Schedule 11.		0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The resident that amount on the Summary of Schedules and Statistical Summary of Certainlies						12.	\$	3,961.84
13.	Do :	you expect an increase or decrease within the year after you file this form No.	?						Combir monthly	ned y income
		Yes. Explain: Am to receive child support but this has not com	ne fo	r s	everal month	ıs				

Official Form 106I Schedule I: Your Income page 2

Case 17-80870 Doc 1 Filed 04/12/17 Entered 04/12/17 17:22:45 Desc Main Document Page 32 of 63

Fill in	this informa	ition to identify yo	our case:			1		
Debtor		Cari L Johns					eck if this is:	
Debtor (Spous	r 2 se, if filing)							wing postpetition chapter the following date:
United	l States Bankı	ruptcy Court for the		IERN DISTRICT OF ILLIN ERN DIVISION	OIS -		MM / DD / YYYY	
Case r	number wn)							
		rm 106J				1		
		J: Your I						12/15
inforr	mation. If moer (if know		eded, atta y questio	If two married people and the control of the contro				
	ls this a joir							
	■ No. Go to □ Yes. Doe	o line 2. es Debtor 2 live i	n a separ	ate household?				
	□ N □ Y		st file Offic	al Form 106J-2, <i>Expenses</i>	s for Separate House	ehold of De	btor 2.	
2.	Do you hav	e dependents?	□ No					
	Do not list D Debtor 2.	ebtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state dependents				Son		5	□ No ■ Yes
					Daughter		7	□ No ■ Yes
					Son		16	□ No ■ Yes
o .	D		_		Husband		38	□ No ■ Yes
•	expenses o	penses include f people other tl d your depende	han $_{\square}$	No Yes				
Part 2		ate Your Ongoi						
exper				uptcy filing date unless y y is filed. If this is a supp				
the va		h assistance an		government assistance i luded it on <i>Schedule I:</i> \			Your exp	enses
		or home owners		ses for your residence. I r lot.	nclude first mortgag	e 4.	\$	588.89
ı	If not includ	led in line 4:						
2	4a. Real e	estate taxes				4a.	\$	0.00
		rty, homeowner's	s, or renter	's insurance		4b.	·	0.00
2	4c. Home	maintenance, re	pair, and	ıpkeep expenses		4c.	\$	150.00
		owner's associat				4d.	·	0.00
5.	Additional ı	nortgage payme	ents for yo	our residence , such as ho	me equity loans	5.	\$	0.00

Case 17-80870 Doc 1 Filed 04/12/17 Entered 04/12/17 17:22:45 Desc Main Document Page 33 of 63

Debtor 1	Cari L J	ohnson	Case num	nber (if known)	
6. Util	lities:				
6a.	Electricity	/, heat, natural gas	6a.	\$	300.00
6b.		ewer, garbage collection	6b.	\$	170.00
6c.		e, cell phone, Internet, satellite, and cable services	6c.		517.50
6d.	•		6d.		0.00
		sekeeping supplies	7.		650.00
		children's education costs	8.		
			9.	*	50.00
	•	dry, and dry cleaning		· ·	100.00
		products and services	10.	·	50.00
		ental expenses	11.	\$	170.00
		Include gas, maintenance, bus or train fare.	12.	\$	200.00
		car payments.	13.	·	
		clubs, recreation, newspapers, magazines, and books			100.00
		tributions and religious donations	14.	\$	0.00
-	urance.	and the standard of the second			
		nsurance deducted from your pay or included in lines 4 or 20.	150	œ.	0.00
	a. Life insur		15a.		0.00
	o. Health ins		15b.		0.00
	c. Vehicle in		15c.		171.76
		urance. Specify:	15d.	\$	0.00
		nclude taxes deducted from your pay or included in lines 4 or 20.			
	ecify:		16.	\$	0.00
		lease payments:			
		nents for Vehicle 1	17a.	\$	463.24
17b	 Car paym 	nents for Vehicle 2	17b.	\$	0.00
17c	c. Other. Sp	pecify:	17c.	\$	0.00
17d	d. Other. Sp		17d.	\$	0.00
		s of alimony, maintenance, and support that you did not report a	as		
		your pay on line 5, Schedule I, Your Income (Official Form 106)		\$	0.00
		is you make to support others who do not live with you.	,	\$	0.00
Spe	ecify:		19.		
0. Oth	ner real prop	perty expenses not included in lines 4 or 5 of this form or on Sc	hedule I: Yo	our Income.	
		es on other property	20a.		0.00
	o. Real esta		20b.	\$	0.00
20c	. Property.	homeowner's, or renter's insurance	20c.	\$	0.00
		nce, repair, and upkeep expenses	20d.		0.00
		ner's association or condominium dues	20a. 20e.		0.00
1. Oth	ner: Specify:		21.	+\$	0.00
2. Cal	culate vour	monthly expenses			
	•	through 21.		\$	3,681.39
		22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2)	\$	3,001.00
			_	φ	0.004.00
22C	. Add line 22	2a and 22b. The result is your monthly expenses.		\$	3,681.39
3. Cal	culate vour	monthly net income.			
	-	2 12 (your combined monthly income) from Schedule I.	23a.	\$	3,961.84
	, ,	ir monthly expenses from line 22c above.	23b.	· ·	3,681.39
230	л. Сору уби	in monuny expenses nom line 220 above.	۷۵۵.	Ψ	3,001.39
220	Subtract	your monthly expenses from your monthly income.			
230		t is your <i>monthly net income</i> .	23c.	\$	280.45
	THE TESUI	icis your monuny necincome.	200.	<u> </u>	
4. Do	vou expect	an increase or decrease in your expenses within the year after	vou file this	s form?	
		you expect to finish paying for your car loan within the year or do you expect yo			crease or decrease because of a
		e terms of your mortgage?		-	
	No.				
	Yes.	Explain here: Husband has his own expenses.			
ш	1 6 5.	Explain nele. Husbanu nas mis own expenses.			

Case 17-80870 Doc 1 Filed 04/12/17 Entered 04/12/17 17:22:45 Desc Main Document Page 34 of 63

Fill in this inform	mation to identify you	ur case:			
Debtor 1	Cari L Johnson	1			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	nkruptcy Court for the	: NORTHERN DISTRICT	Γ OF ILLINOIS - WESTER	RN DIVISION	
Case number (if known)					☐ Check if this is an amended filing
Official Forn	n 106Dec				
Declarat	ion About	an Individual	Debtor's So	chedules	12/15
You must file this obtaining money	s form whenever you	d in connection with a ban	s or amended schedules	s. Making a false stat	tement, concealing property, or 00, or imprisonment for up to 20
Sign	n Below				
Did you pa	y or agree to pay sor	neone who is NOT an atto	rney to help you fill out I	bankruptcy forms?	
■ No					
☐ Yes. N	Name of person				nkruptcy Petition Preparer's Notice, n, and Signature (Official Form 119)
	Ity of perjury, I decla e true and correct.	re that I have read the sum	nmary and schedules file	ed with this declarati	ion and
X /s/ Car	il Johnson		X		

Cari L Johnson Signature of Debtor 1

Date April 12, 2017

Signature of Debtor 2

Date

Case 17-80870 Doc 1 Filed 04/12/17 Entered 04/12/17 17:22:45 Desc Main Document Page 35 of 63

Fill	in this inform	nation to identify you	r case:									
Deb	otor 1	Cari L Johnson										
Doh	otor 2	First Name	Middle Name	Last Name								
	use if, filing)	First Name	Middle Name	Last Name								
Unit	ted States Bar	nkruptcy Court for the:	NORTHERN DISTRICT C	OF ILLINOIS - WESTERN DI	/ISION							
Cas	se number											
(if kn					-	Check if this is an imended filing						
						arrieriaca ming						
<u> </u>	с .	4.07										
	<u>ficial Fo</u>				_							
Sta	atement	of Financial	Affairs for Individ	duals Filing for B	ankruptcy	4/16						
					equally responsible for sup							
		ore space is needed, ı). Answer every ques		this form. On the top of any	additional pages, write you	ur name and case						
		,										
Par	t 1: Give D	etails About Your Ma	rital Status and Where You	Lived Before								
1.	What is your current marital status?											
	Married											
	□ Not married											
2.	During the last 3 years, have you lived anywhere other than where you live now?											
	■ No □ Yes List	t all of the places you li	ived in the last 3 years. Do no	ot include where you live now								
		. ,	·	•								
	Debtor 1 Pri	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there						
_	180011 41 1					0.10						
					ity property state or territor co, Texas, Washington and V							
	_				-	,						
	■ No			(Calat Farms 40011)								
	☐ Yes. Ma	ke sure you fill out Scr	nedule H: Your Codebtors (Of	TICIAI FORM 106H).								
Par	t 2 Explain	n the Sources of You	r Income									
4.		Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.										
	If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.											
	□ No											
	_	in the details.										
			5									
			Debtor 1	Grand income	Debtor 2	Gross income						
			Sources of income Check all that apply.	Gross income (before deductions and	Sources of income Check all that apply.	(before deductions						
				exclusions)		and exclusions)						
From January 1 of cu			■ Wages, commissions,	\$8,435.63	■ Wages, commissions,	\$0.00						
the date you filed for bankruptcy:		и гог рапкгиртсу:	ponuses, tips		bonuses, tips							
			☐ Operating a business		☐ Operating a business							

Official Form 107

Case 17-80870 Doc 1 Filed 04/12/17 Entered 04/12/17 17:22:45 Desc Main Document

Page 36 of 63 Debtor 1 Cari L Johnson

		Debtor 1			Debtor 2					
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)			of income I that apply.	Gross income (before deductions and exclusions)			
For last calendar year: (January 1 to December 31, 2016)			31, 2016)	■ Wages, commissions, bonuses, tips		\$30,786.53	☐ Wage bonuses,	s, commissions, tips		
				☐ Operating a business			☐ Opera	ating a business		
For the calendar year before that: (January 1 to December 31, 2015)				■ Wages, commissions, bonuses, tips	\$2 8,292.54		☐ Wages, commissions, bonuses, tips			
				☐ Operating a business			☐ Opera	ating a business		
5.	Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployme and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lotter winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details.									
				Debtor 1			Debtor 2			
				Sources of income Describe below.	eac (be	ch source fore deductions and clusions)	Sources Describe	of income below.	Gross income (before deductions and exclusions)	
Par	t 3: List	Certain Pay	ments You	Made Before You Filed for	Bankr	uptcy				
6.										
			attorney for	triis pankruptcy case.						
	Creditor'	s Name and	Address	Dates of payme	ent	Total amount paid	Amount still		payment for	

Case 17-80870 Doc 1 Filed 04/12/17 Entered 04/12/17 17:22:45 Desc Main Document Page 37 of 63 Case number (if known)

7.	Within 1 year before you filed for bankrupto Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony. ■ No □ Yes. List all payments to an insider.	rtners; relatives of any gene control, or owner of 20% or	eral partners; partner more of their voting	rships of which yo securities; and ar	u are a general p ny managing age	artner; corporations nt, including one fo
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for thi	s payment
8.	Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cosi No Yes. List all payments to an insider	• • • • • • • • • • • • • • • • • • • •	ments or transfer a	ny property on a	ccount of a debt	that benefited an
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for thi	
Par	t 4: Identify Legal Actions, Repossession	s, and Foreclosures				
9.	Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of the o	ase
	Midland Funding LLC v Cari Johnson 2017 SC 437	Small Claim	Lee County 309 S Galena Dixon, IL 61021		■ Pending □ On appeal □ Concluded	
10.	Within 1 year before you filed for bankrupto Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below. Creditor Name and Address		rty repossessed, fo	preclosed, garnis	hed, attached, s	eized, or levied? Value of the property
		Explain what happened				p. epe,
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment beca ■ No □ Yes. Fill in the details.		uding a bank or fin	ancial institution	, set off any amo	ounts from your
	Creditor Name and Address	Describe the action the	creditor took	Date taken	action was	Amount
12.	Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or al ■ No □ Yes		rty in the possession	on of an assigne	e for the benefit	of creditors, a

Case 17-80870 Doc 1 Filed 04/12/17 Entered 04/12/17 17:22:45 Desc Main

Page 38 of 63
Case number (if known) Document Debtor 1 Cari L Johnson

Par	5: List Certain Gifts and Contributions			
3.	Within 2 years before you filed for bankruptcy ■ No □ Yes. Fill in the details for each gift.	y, did you give any gifts with a total value of more t	han \$600 per person	?
	Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift and Address:	Describe the gifts	Dates you gave the gifts	Value
4.	Within 2 years before you filed for bankruptc	y, did you give any gifts or contributions with a tota	al value of more than	\$600 to any charity?
	☐ Yes. Fill in the details for each gift or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value
Par	6: List Certain Losses			
 5. Within 1 year before you filed for bankruptcy or or gambling? No Yes. Fill in the details. 		or since you filed for bankruptcy, did you lose any	thing because of the	ft, fire, other disaster,
	how the loss occurred Inclu	cribe any insurance coverage for the loss ude the amount that insurance has paid. List pending rance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
Par	17: List Certain Payments or Transfers			
6.	consulted about seeking bankruptcy or prepa	did you or anyone else acting on your behalf pay aring a bankruptcy petition? rers, or credit counseling agencies for services require		rty to anyone you
	□ No ■ Yes. Fill in the details.			
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	LAW OFFICE OF MICHAEL C. DOWNEY 420 WEST SECOND STREET DIXON, IL 61021	Attorney Fees		\$600.00
7.	Within 1 year before you filed for bankruptcy, promised to help you deal with your creditors Do not include any payment or transfer that you		or transfer any prope	rty to anyone who
	■ No □ Yes. Fill in the details.			
	Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was	Amount of payment

Case 17-80870 Doc 1 Filed 04/12/17 Entered 04/12/17 17:22:45 Desc Main Document

Page 39 of 63
Case number (if known) Debtor 1 Cari L Johnson

	Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details.						
	Person Who Received Transfer Address Person's relationship to you	Description and v property transfer		paym	ibe any property or ents received or debts n exchange	Date transfer was made	
	Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro No Yes. Fill in the details.		y property to a	self-settle	d trust or similar device	of which you are a	
	Name of trust	Description and v	alue of the prop	erty trans	sferred	Date Transfer was made	
Dow	Diet of Contain Financial Accounts In	etwowents Cofe Dancel	Davis and Ct			maue	
Par	·		•				
	Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, chouses, pension funds, cooperatives, associon No Yes. Fill in the details.	or other financial accou	nts; certificates	of deposi			
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of accou instrument	int or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer	
	First Federal Savings Bank 701 1st Ave Rock Falls, IL 61071	xxxx-	☐ Checking ■ Savings ☐ Money Mark ☐ Brokerage ☐ Other	ket	2015	\$12.00	
	Do you now have, or did you have within 1 ycash, or other valuables?	year before you filed for	bankruptcy, an	y safe de _l	posit box or other depos	itory for securities,	
	Yes. Fill in the details.						
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe	the contents	Do you still have it?	
22.	Have you stored property in a storage unit o	or place other than your	home within 1	year befo	re you filed for bankrupto	cy?	
	No No						
	Yes. Fill in the details.			_		_	
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, S		Describe	the contents	Do you still have it?	

Case 17-80870 Doc 1 Filed 04/12/17 Entered 04/12/17 17:22:45 Desc Main Page 40 of 63
Case number (if known) Document

Debtor 1 Cari L Johnson

No Yes. Fill in the details. Where is the property? Describe the property Value No Yes. Fill in the details. Where is the property? Describe the property Value No Yes. Fill in the details. Where is the property? Describe the property Value No Yes. Fill in the details. Where is the property? Describe the property Value No Yes. Fill in the details. Where is the property? Describe the property Value No Yes. Fill in the details. Some of site Address (Number, Street, City, State and ZIP Code) ZIP Code) ZIP Code) No Yes. Fill in the details. No Yes. Fill in the details. Some of site Address (Number, Street, City, State and ZIP Code) ZIP	Pai	t 9: Identify Property You Hold or Control for	Someone Else				
Yes. Fill in the details. Where is the property? Describe the property Value	23.		one else owns? Include any prope	rty you borrowed from, are storing fo	or, or hold in trust		
Owner's Name Address (humber, Street, City, State and ZIP Code) Whate is the property? Chamber, Street, City, State and ZIP Code) Whate is the property? Chamber, Street, City, State and ZIP Code) The purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material Side means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or user to own, operate, or utilize it, including disposal sites. Hazardous material pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No Yes, Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Address (Number, S		No					
Address (Number, Street, City, State and ZIP Code) Code Code		Yes. Fill in the details.					
Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or user to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 14. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? 15. No			(Number, Street, City, State and ZIP	Describe the property	Value		
Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Size means any location, racility, or property as defined under any environmental law, whether you now own, operate, or utilize it or user to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP	Pai	t 10: Give Details About Environmental Inform	ation				
toxic substances, wastes, or material into the air, land, soll, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No	For	the purpose of Part 10, the following definitions	apply:				
to own, operate, or utilize it, including disposal sites. #### ###############################		toxic substances, wastes, or material into the a	nir, land, soil, surface water, groun				
Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 4. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) No Yes, Fill in the details. Case Title Case Title Address (Number, Street, City, State and ZIP Code) Name Address (Number, Street, City, State and ZIP Code) Name Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Part State of the Case Status of the Case Status of the Case Address (Number, Street, City, State and ZIP Code) A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation				law, whether you now own, operate,	or utilize it or used		
24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No		Hazardous material means anything an environ	mental law defines as a hazardous	s waste, hazardous substance, toxic	substance,		
No	Rep	ort all notices, releases, and proceedings that y	ou know about, regardless of whe	n they occurred.			
Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation A sole proprietor or sanging executive of a corporation A sole proprietor or sanging executive of a corporation A sole proprietor or sanging executive of a corporation A sole proprietor or sanging executive of a corporation A sole proprietor or sanging executive of a corporation A sole proprietor or sanging executive of a corporation A sole proprietor or sanging executive of a corporation A sole proprietor or sanging executive of a corporation A sole proprietor or sanging executive of a corporation A sole proprietor or sanging executive of a corporation A sole proprietor or sanging executive of a corporation A sole proprietor or sanging executive of a corporation A sole proprietor or sanging executive of a corporation A s	24.	Has any governmental unit notified you that yo	u may be liable or potentially liable	e under or in violation of an environn	nental law?		
Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No State and ZIP Code) Address (Number, Street, City, State and ZIP Code) No State and ZIP Code) Andress (Number, Street, City, State and ZIP Code) A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation		_					
No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. No Yes. Fill in the details. Case Title Case Number Case Number Case Number State and ZIP Code) Name Address (Number, Street, City, State and Rnow it Nature of the case Status of the case Status of the case Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation			Address (Number, Street, City, State an		Date of notice		
Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Date of notice	25.	Have you notified any governmental unit of any	release of hazardous material?				
Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Case Title Case Number Name Address (Number, Street, City, State and ZIP Code) Nature of the case Status of the case Status of the case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 7: Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation		_					
No Yes. Fill in the details. Case Title Case Number Raddress (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation			Address (Number, Street, City, State an		Date of notice		
☐ Yes. Fill in the details. Case Title Case Number Court or agency Name Address (Number, Street, City, State and ZIP Code) Nature of the case Status of the case Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ Apartner in a partnership ☐ An officer, director, or managing executive of a corporation	26.	Have you been a party in any judicial or admini	strative proceeding under any env	ironmental law? Include settlements	and orders.		
☐ Yes. Fill in the details. Case Title Case Number Court or agency Name Address (Number, Street, City, State and ZIP Code) Nature of the case Status of the case Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ Apartner in a partnership ☐ An officer, director, or managing executive of a corporation		■ No					
Case Number Name Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation							
27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) A partner in a partnership An officer, director, or managing executive of a corporation			Name Address (Number, Street, City,	Nature of the case			
□ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time □ A member of a limited liability company (LLC) or limited liability partnership (LLP) □ A partner in a partnership □ An officer, director, or managing executive of a corporation	Pai	t 11: Give Details About Your Business or Cor	nnections to Any Business				
□ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time □ A member of a limited liability company (LLC) or limited liability partnership (LLP) □ A partner in a partnership □ An officer, director, or managing executive of a corporation	27.	Within 4 years before you filed for bankruptcy,	did you own a business or have ar	ny of the following connections to ar	ny business?		
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation							
☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation		_		•			
☐ An officer, director, or managing executive of a corporation		<u>_</u>	, , , , , , , , , , , , , , , , , , ,	F V - 7			
			tive of a cornoration				
		_	•				

Case 17-80870 Doc 1 Filed 04/12/17 Entered 04/12/17 17:22:45 Desc Main Document

Page 41 of 63 Case number (if known) Debtor 1 Cari L Johnson

	No. None of the above applies. Go to Part 12.					
	Yes. Check all that apply above and fill in the details below for each business.					
	Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.			
			Dates business existed			
28.	Within 2 years before you filed for bankrup institutions, creditors, or other parties.	tcy, did you give a financial statement to a	anyone about your business? Include all financial			
	■ No					
	Yes. Fill in the details below.					
	Name Address	Date Issued				

Case 17-80870 Doc 1 Filed 04/12/17 Entered 04/12/17 17:22:45 Desc Main Page 42 of 63
Case number (if known) Document

Debtor 1 Cari L Johnson

Part 12: Sign Below					
are true and correct. I unde	this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers erstand that making a false statement, concealing property, or obtaining money or property by fraud in connection result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 9, and 3571.				
/s/ Cari L Johnson					
Cari L Johnson	Signature of Debtor 2				
Signature of Debtor 1					
Date April 12, 2017	Date				
Did you attach additional p	pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?				
■ No					
☐ Yes					
Did you pay or agree to pa	y someone who is not an attorney to help you fill out bankruptcy forms?				
■ No					
☐ Yes. Name of Person	. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).				

Case 17-80870 Doc 1 Filed 04/12/17 Entered 04/12/17 17:22:45 Desc Main Document Page 43 of 63

	mation to identify you			
Debtor 1	Cari L Johnson First Name	Middle Name	Last Name	
Debtor 2	. not riamo	imadio i taliio		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the	NORTHERN DISTRICT	OF ILLINOIS - WESTERN DIVISION	
Case number _				
(if known)				Check if this is an amended filing
Official Fo	orm 108			
Stateme	nt of Intenti	on for Individu	ials Filing Under Chapte	er 7 12/19

you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1:	List Your	Creditors	Who Have	Secured	Claims
ган.	LISL I OUI	CIEUILUIS	WIIIO nave	Secureu	Ciaiiii

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's Huntington Bank name:	☐ Surrender the property. ☐ Retain the property and redeem it.	□ No
Description of property securing debt: 2008 Chrysler Town and Country Van 190000 miles	■ Retain the property and enter into a Reaffirmation Agreement.□ Retain the property and [explain]:	■ Yes
Creditor's M&T Bank name:	☐ Surrender the property. ☐ Retain the property and redeem it.	□ No
Description of property securing debt: 1001 5th Ave Sterling, IL 61081 Whiteside County	■ Retain the property and enter into a Reaffirmation Agreement.□ Retain the property and [explain]:	■ Yes

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Case 17-80870 Doc 1 Filed 04/12/17 Entered 04/12/17 17:22:45 Desc Main Document Page 44 of 63

Debtor 1 Cari L Johnson	Case number (if known)
Lessor's name: Description of leased Property:	□ No
Lessor's name: Description of leased Property:	□ No □ Yes
Lessor's name: Description of leased Property:	□ No □ Yes
Lessor's name: Description of leased Property:	□ No □ Yes
Lessor's name: Description of leased Property:	□ No
Lessor's name: Description of leased Property:	□ No
Lessor's name: Description of leased Property:	□ No □ Yes

Case 17-80870 Doc 1 Filed 04/12/17 Entered 04/12/17 17:22:45 Desc Main Document Page 45 of 63

DCDIO	or 1 Cari L Johnson	Case number (if known)
Part 3	Sign Below	
	penalty of perjury, I declare that I have inc	dicated my intention about any property of my estate that secures a debt and any personal
oroper	rty that is subject to an unexpired lease.	
		x
χ <u>/</u> :	rty that is subject to an unexpired lease.	
X <u>/</u>	rty that is subject to an unexpired lease.	x

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-80870 Doc 1 Filed 04/12/17 Entered 04/12/17 17:22:45 Desc Main Document Page 50 of 63

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois - Western Division

In re		Case No.	
	Debtor(s)	Chapter	7
	DISCLOSURE OF COMPENSATION OF ATTO	DRNEY FOR D	EBTOR(S)
C	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attocompensation paid to me within one year before the filing of the petition in bankruptobe rendered on behalf of the debtor(s) in contemplation of or in connection with the banks.	y, or agreed to be paid	d to me, for services rendered or to
	For legal services, I have agreed to accept	\$	600.00
	Prior to the filing of this statement I have received		600.00
	Balance Due	\$	0.00
. 9	\$335.00_ of the filing fee has been paid.		
. 7	The source of the compensation paid to me was:		
	■ Debtor □ Other (specify):		
. 7	The source of compensation to be paid to me is:		
	■ Debtor □ Other (specify):		
	■ I have not agreed to share the above-disclosed compensation with any other person	on unless they are men	nbers and associates of my law firm
	☐ I have agreed to share the above-disclosed compensation with a person or persons copy of the agreement, together with a list of the names of the people sharing in the		
	In return for the above-disclosed fee, I have agreed to render legal service for all aspe	ects of the bankruptcy	case, including:
ŀ	 a. Analysis of the debtor's financial situation, and rendering advice to the debtor in d b. Preparation and filing of any petition, schedules, statement of affairs and plan whi c. Representation of the debtor at the meeting of creditors and confirmation hearing, d. [Other provisions as needed] 	ch may be required;	

- 7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:
 - Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding, amendment to schedules to add creditors, motion to reopen case. Additional or Non-Base Legal Services POST-PETITION. Legal services which are beyond those contemplated in the Base Retainer will be provided by Attorney POST PETITION at an additional fee, including but not limited to representing Client in: (a) Discharge proceedings, including those related to student loans, taxes or undue hardships; (b) motions for relief from, or continuation, defense or enforcement of the Automatic Stay; (c) motions to redeem personal property; (d) rule 2004 examinations; (e) motions to avoid liens/judgments(\$500.00); (f) contested matters or adversary proceedings; (g) contested matters regarding Client's claim of exempt property; (h) filling any amendments to the schedules; (i) motions to continue the 341 meeting of creditors and/or appearing for a continued 341 hearing; (j) motions or adversary complaints to abandon/refinance/sell/purchase property; (k) assisting in carrying out the Debtor's Statement of Intentions; (l) monitoring an "asset case"; (m) re-opening a bankruptcy case to submit post-filing proof of pre-discharge counseling; (n) issues that arise that are not specifically listed in the Retainer; (o) garnishment recovery; (p) reaffirmation agreement negotiation and review, where permissible.

Case 17-80870 Doc 1 Filed 04/12/17 Entered 04/12/17 17:22:45 Desc Main Document Page 51 of 63

In re	Cari L Johnson	Case No.	
		ebtor(s)	

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

(Continuation Sheet)

	(Communication Survey)
	CERTIFICATION
I certify that the foregoing is a complete staten this bankruptcy proceeding.	nent of any agreement or arrangement for payment to me for representation of the debtor(s) in
April 12, 2017 <i>Date</i>	/s/ MICHAEL C. DOWNEY MICHAEL C. DOWNEY 6186785 - Illinois Signature of Attorney LAW OFFICE OF MICHAEL C. DOWNEY 420 WEST SECOND STREET DIXON, IL 61021 815.288.6688 Name of law firm

Attorney Contract

If you receive services from my office regarding bankruptcy, this requires that you and I sign a written agreement. If you wish to hire me, you must sign below.

My office will file a Bankruptcy Proceeding with all the paper required to be filed therewith for the fees set forth below. An attorney will also be with you at the "Meeting of Creditors." The court charges the filing fee listed below. Since all bankruptcies are not identical and I cannot tell in advance all the services you may need, I have listed additional possible fees below that may or may not apply to you. I reserve the right to modify the fees listed below prior to the time you hire me.

If you sign below, you are agreeing to do the following:

AGREEMENTS

REAFFIRMATION AGREEMENTS.

цуо	u sign be	ion, you are agreeing to do the zone
1. 2. 3. 4.	To pro	npletely and honestly fill out all the forms provided to you. wide all the documentation requested. mptly respond to any inquires I make. all fees with 30 days of billing.
DOV I acc	WN PAYN	MENT FOR CHAPTER 7 \$ DATE checks or money orders. I do not accept credit OR debit cards for payment.
- 4	c Fees:	Preparation of Petition and Basic Services. Basic services includes attending the meeting of creditors but <u>does not</u> include payment for pre-bankruptcy certificate, bankruptcy class or further court hearings, if required.
<u></u>	35	_Filing Fee (Charged by the Bankruptcy Court) Basic Total.
THE	E STATE	DDITIONAL CHARGES WILL BE REQUIRED IF YOUR INCOME EXCEEDS MEDIAN INCOME OR YOU NEED TO AMEND THE PETITION AFTER DITIONALLY THE ABOVE FEE DOES NOT INCLUDE ANY MOTIONS OR

OBJECTIONS TO DISCHARGE WHICH REQUIRE A COURT HEARING OR MOTIONS TO REMOVE LIENS OR JUDGMENTS AND THE PREPARATION OF ANY

OR

DEBTOR

FILING

OF

ANY

REAFFIRMATION

Case 17-80870 Doc 1 Filed 04/12/17 Entered 04/12/17 17:22:45 Desc Main Document Page 53 of 63

United States Bankruptcy Court Northern District of Illinois - Western Division

	211	or therm District or immors - // esterr	2111011	
In re	Cari L Johnson		Case No.	
		Debtor(s)	Chapter 7	
	VE	RIFICATION OF CREDITOR I	MATRIX	
		Number o	f Creditors:	24
	The above-named Debtor(s) (our) knowledge.	hereby verifies that the list of cred	itors is true and correct to t	the best of my
Date:	April 12, 2017	/s/ Cari L Johnson Cari L Johnson Signature of Debtor		

Case 17-80870 Doc 1 Filed 04/12/17 Entered 04/12/17 17:22:45 Desc Main Document Page 54 of 63

Deb	otor 1 Cari L Johnson			Case number	εr (if known)
Par	t 6: Answer These Ques	tions for Re	eporting Purposes		
16.	What kind of debts do you have?	16a.	Are your debts primarily c individual primarily for a per	consumer debts? Consumer debts are define sonal, family, or household purpose."	ned in 11 U.S.C. § 101(8) as "incurred by an
			☐ No. Go to line 16b.		
			Yes. Go to line 17.		
		16b.	Are your debts primarily b money for a business or inve	ousiness debts? Business debts are debts estment or through the operation of the busi	that you incurred to obtain ness or investment.
			☐ No. Go to line 16c.		
			☐ Yes. Go to line 17.		
		16c.	State the type of debts you o	owe that are not consumer debts or busines	s debts
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter	r 7. Go to line 18.	
; ; ;	Do you estimate that after any exempt property is excluded and administrative expenses	■ Yes.	I am filing under Chapter 7. are paid that funds will be av	Do you estimate that after any exempt propo vailable to distribute to unsecured creditors?	erty is excluded and administrative expenses
	are paid that funds will be available for distribution to unsecured creditors?		□ Yes		
18.	How many Creditors do you estimate that you owe?	■ 1-49 □ 50-99 □ 100-19 □ 200-99		☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,000	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000
19.	How much do you estimate your assets to be worth?	□ \$100,0	50,000 91 - \$100,000 101 - \$500,000 101 - \$1 million	☐ \$1,000,001 - \$10 million ☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion
20.	How much do you estimate your liabilities to be?	\$100,0	50,000 01 - \$100,000 01 - \$500,000 01 - \$1 million	☐ \$1,000,001 - \$10 million ☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	□ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion
Part	7: Sign Below				
For	you	I have exa	amined this petition, and I dec	clare under penalty of perjury that the inform	ation provided is true and correct.
		If I have cl United Sta	hosen to file under Chapter 7 ates Code. I understand the re	r, I am aware that I may proceed, if eligible, elief available under each chapter, and I cho	under Chapter 7, 11,12, or 13 of title 11, pose to proceed under Chapter 7.
		If no attorr document	ney represeπts me and I did r , I have obtained and read the	not pay or agree to pay someone who is not e notice required by 11 U.S.C. § 342(b).	an attorney to help me fill out this
		I request r	elief in accordance with the c	chapter of title 11, United States Code, spec	ified in this petition.
		and 3571.	y case can result in fines up t Ahms	concealing property, or obtaining money or to \$250,000, or imprisonment for up to 20 yes	ears, or both. 18 U.S.C. §§ 152, 1341, 1519,
		Executed		Executed on MM /	DD/YYYY

Case 17-80870 Doc 1 Filed 04/12/17 Entered 04/12/17 17:22:45 Desc Main Document Page 55 of 63

Debtor 1 Cari L Johnson	Case number (if known)
For your attorney, if you are represented by one	I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b)
If you are not represented by an attorney, you do not need to file this page.	and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect. Date April /2, 2017 Signature of Attorney for Debtor
	MICHAEL C. DOWNEY Printed name LAW OFFICE OF MICHAEL C. DOWNEY Firm name 420 WEST SECOND STREET DIXON, IL 61021 Number, Street, City, State & ZIP Code
	Contact phone 815.288.6688 Email address 6186785 - Illinois Bar number & State

Case 17-80870 Doc 1 Filed 04/12/17 Entered 04/12/17 17:22:45 Desc Main Document Page 56 of 63

Fill in this information to identify your case:				
Debtor 1	Cari L Johnson			
	First Name	Middle Name	Last Name	
Debtor 2				(
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS - WESTERN DIVISION	
Case number				
(if known)				☐ Check if this is amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is NOT an	attorney to help you fill out bankruptcy forms?
■ No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
Under penalty of perjury, I declare that I have read the that they are true and correct. X	summary and schedules filed with this declaration and
Carl L Johnson Signature of Debtor 1	Signature of Debtor 2
Date April / 2017	Date

Official Form 106Dec

Case 17-80870 Doc 1 Filed 04/12/17 Entered 04/12/17 17:22:45 Desc Main Document Page 57 of 63

Cari L Johnson	Case number (if known)
Part 12: Sign Below	
and and dollook i dilectatelle tilet illektille	Financial Affairs and any attachments, and I declare under penalty of perjury that the answers g a false statement, concealing property, or obtaining money or property by fraud in connection to \$250,000, or imprisonment for up to 20 years, or both.
Cari L Johnson Signature of Debtor 1	Signature of Debtor 2
Date April /2 , 2017	Date
Did you attach additional pages to <i>Your State</i> . ■ No □ Yes	ment of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?
Did you pay or agree to pay someone who is r ■ No	not an attorney to help you fill out bankruptcy forms?
☐ Yes. Name of Person Attach the Bank	kruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Case 17-80870 Doc 1 Filed 04/12/17 Entered 04/12/17 17:22:45 Desc Main Document Page 58 of 63

Debtor 1	Cari L Johnson	Case number (if known)
Under pen	Sign Below alty of perjury, I declare that I have indicated my intention a	about any property of my estate that secures a debt and any personal
X Cari	L Johnson Ture of Debtor 1	XSignature of Debtor 2
Date	April /2, 2017	Date

Case 17-80870 Doc 1 Filed 04/12/17 Entered 04/12/17 17:22:45 Desc Main Document Page 59 of 63

In re	Cari L Johnson		Case No.
		Debtor(s)	Case 140.
	DISCLOSUR	E OF COMPENSATION ((Continuation	OF ATTORNEY FOR DEBTOR(S) a Sheet)
		CERTIFICA	ΓΙΟΝ
I ce this bank	rtify that the foregoing is a con cruptcy procceding.	nplete statement of any agreement or ar	rangement for payment to me for representation of the debtor(s) in
Apri	I/~, 2017		The same of the sa
Date		MICH	AEL C. DOWNEY 6186785 - Illinois
		Signat	ure of Attorney
		LAW	OFFICE OF MICHAEL C. DOWNEY
			VEST SECOND STREET
		DIXO	N, IL 61021
			88.6688
		Name	of law firm

Case 17-80870 Doc 1 Filed 04/12/17 Entered 04/12/17 17:22:45 Desc Main Document Page 60 of 63

United States Bankruptcy Court Northern District of Illinois - Western Division In re Cari L Johnson Case No. Debtor(s) Chapter 7

	V	ERIFICATION OF CREDITOR MATRIX	
		Number of Creditors:	23
	The above-named Debtor(s (our) knowledge.	s) hereby verifies that the list of creditors is true and correct to the	e best of my
Date:	April 2 , 2017	Cari L Johnson Signature of Debtor	<u> </u>

BERGNERS PO BOX 659813 San Antonio, TX 78265

Blitt and Gaines, PC 661 W. Glenn Avenue Wheeling, IL 60090

Capital One - Menards PO Box 71106 Charlotte, NC 28272-1106

Care Credit Dental -Synchrony Bank PO Box 965065 Orlando, FL 32896

Care Credit-Synchrony Bank PO Box 960061 Orlando, FL 32896

CGH Medical Center 100 E LeFevre Road Sterling, IL 61081

CGH Medical Center Main Clinic fka Sterling Rock Falls Clinic 101 E Miller Rd Sterling, IL 61081

CHASE CREDIT CARD PO BOX 15153 Wilmington, DE 19880

Comenity Bank Attn: Bankruptcy Dept. PO Box 182125 Columbus, OH 43218-2125

Discover Card PO Box 15316 Wilmington, DE 19850

Discover Card PO Box 6103 Carol Stream, IL 60197-6103 Huntington Bank 2361 Morse Road Columbus, OH 43229

Kohls PO Box 2983 Milwaukee, WI 53201-2983

Kohls Payment Center PO Box 2983 Milwaukee, WI 53201-2983

M&T Bank PO Box 62182 Baltimore, MD 21264-2182

Merchants & Medical Credit Corp 6324 Taylor Drive Flint, MI 48507-4685

Midland Credit Mgmt PO Box 60578 Los Angeles, CA 90060-0578

Midland Credit Mgmt 2365 Northside Dr. Suite 300 San Diego, CA 92108

Midland Funding LLC 8875 Aero Dr. Suite 200 San Diego, CA 92123

MRS Associates of New Jersey 9130 Olney Ave Cherry Hill, NJ 08003

OLD NAVY - SYNCHRONY BANK f/n/a Visa Card PO Box 960017 Orlando, FL 32896

Case 17-80870 Doc 1 Filed 04/12/17 Entered 04/12/17 17:22:45 Desc Main Document Page 63 of 63

Sandra Morgan 1715 11th Ave Sterling, IL 61081

Sterling Unit 5 School District 410 E LeFevre Sterling, IL 61081

Stoneleigh Recovery Associates PO Box 1479 Lombard, IL 60148-8479